

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S).  
REQUIRED FEE(S) PAID.

☐

Show to whom, date and address  
where delivered

☐

Deliver ONLY  
to addressee

## RECEIPT

*Received the numbered article described below.*

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

CERTIFIED NO.

039369

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

INSURED NO.

DATE DELIVERED

7/31/70

3

SHOW WHERE DELIVERED (*only if requested*)

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300

POSTMARK OF DELIVERING OFFICE

Print your name and address below. If you want to restrict delivery, or to have the address of delivery shown on this receipt, check block(s) on other side. Moisten gummed ends and attach this card to back of article.



RETURN  
TO

Ivy Network Corp.  
242-A Yale Station  
New Haven, Conn. 06520

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